U.S. Department of Lahor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-3/99	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Louis P. Zogais	Name Directors Guild OF AMERICA
	Labor Organization File Number 0000 / 8
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7900 SUNSET BLVD.	Street 7920 Surset BLVD.
City Los ANGELES	City Los Angeles
State CA ZIP Code + 4 900 4 6	State CA ZIP Code + 4 9 00 4 6
5. Position in labor organization. ASSISTANT EXECUTIVE	DIRECTOR
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of clon represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name PANAMOUNT P. CTUNES	Lunch meeting with La Shore
Trade Name, if any:	6/30/04
P.O. Box, Bidg., Room No., if any	
Street 5555 MELNOSE AVE.	7.b. Amount. \$135 - \$40
Street 5555 MELNOSE AVE. City Hollywood	7.b. Amount. \$\frac{1}{2} \int - \frac{1}{2} \tag{40}
City Hobly wood State CA ZIP Code + 4 90038 - 3/9	
State CA ZIP Code + 4 9 0038 - 3/9 Signature and verification. The undersigned declares, under penalty of	nature f Perjury and other applicable penalties of the law, that all of the information hying documents), has been examined by the signatory and is, to the best of the
State CA ZiP Code + 4 9 0038 - 3/9 Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompan	nature f Perjury and other applicable penalties of the law, that all of the information the hying documents), has been examined by the signatory and is, to the best of the